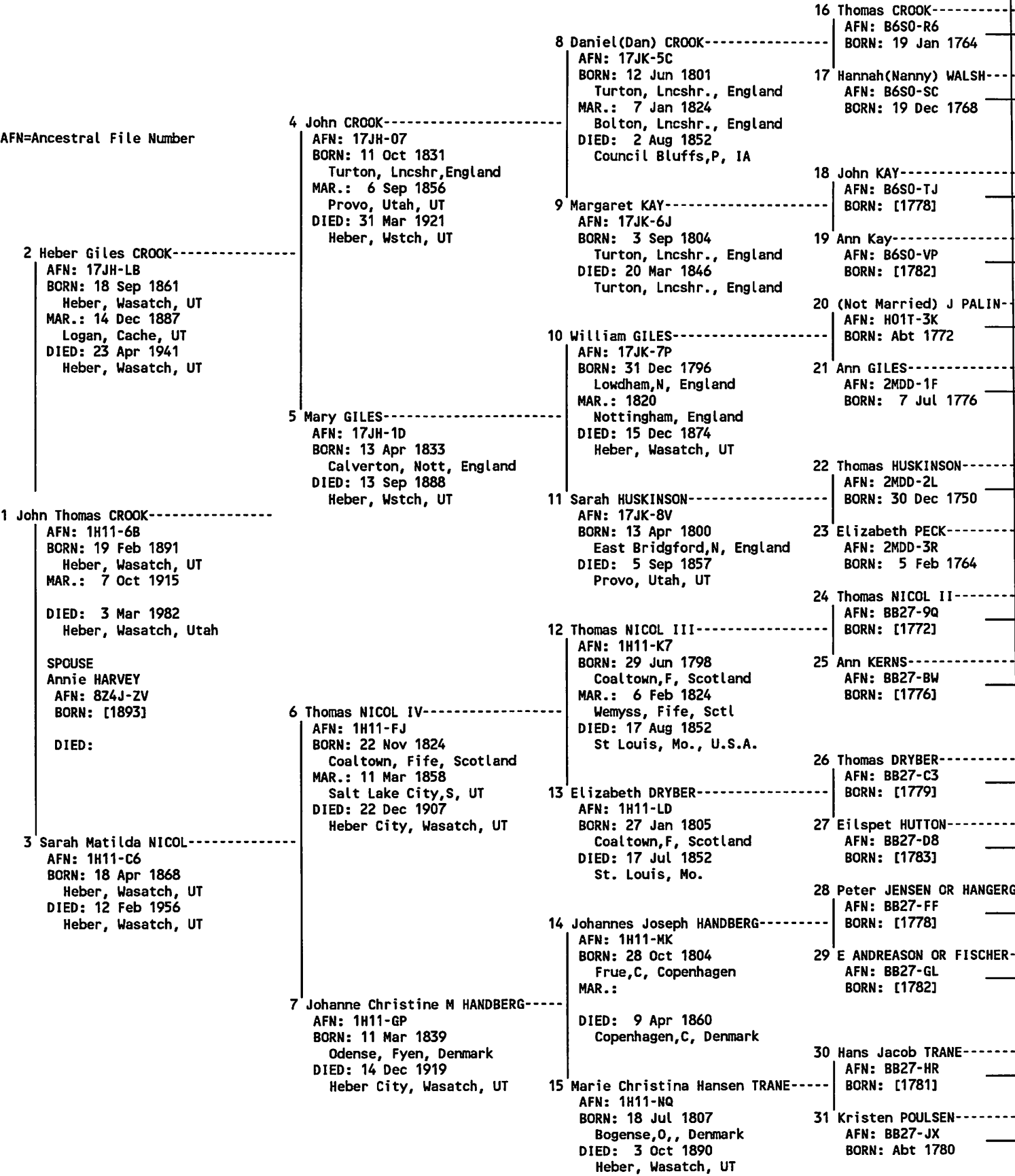


NAMES: WATSON, John Henry
 PLACES: Sharon, Wndr, Yrmn
 To indicate that a child is an ancestor of the family representative, place an "X" behind the number pertaining to that child.
 ENTER ALL DATA IN THIS ORDER:
 DATES: 14 Apr 1794
 FAMILY GROUP RECORD

HUSBAND CROOK, Heber Giles (farmer) Born 18 Sep 1861- Place Heber Wstch Utah Chr. 20 Oct 1861 Place Heber Wstch Utah Marr. 14 Dec 1887 Place Logan Cache Utah ed 23 Apr 1941 Place Heber Wstch Utah ur. 26 Apr 1941 Place Heber Wstch Utah HUSBAND'S FATHER CROOK, John HUSBAND'S OTHER WIVES HUSBAND'S MOTHER GILES, Mary										Husband CROOK, Heber Giles 1861 Wife NICOL, Sarah Matilda Ward 1. <i>N20</i> Examiners: 2. <i>28</i> State or Mission <i>Wilford</i> NAME & ADDRESS OF PERSON SUBMITTING RECORD Dale F. Mahoney 2939 Hartford St. Salt Lake Cit., Utah 84106																																																																																																																																																																																																																																																																																																																								
WIFE NICOL, Sarah Matilda Born 18 Apr 1868 Place Heber Wstch Utah Chr. Place Died 12 Feb 1956 Place Heber Wstch Utah Bur. 15 Feb 1956 Place Heber Wstch Utah WIFE'S FATHER NICOL, Thomas WIFE'S OTHER HUSBANDS WIFE'S MOTHER HANDBERG, Johannah Christina M										FAMILY REPRESENTATIVE MAHONEY, Mary Crook (17 Aug 1901) RELATION OF F.R. TO HUSBAND daughter RELATION OF F.R. TO WIFE daughter TEMPLE ORDINANCE DATA <table border="1"> <tr> <th>BAPTIZED (DATE)</th> <th>ENDOWED (DATE)</th> <th>SEALED (Date & Temple)</th> </tr> <tr> <td>HUSBAND</td> <td></td> <td></td> </tr> <tr> <td>6 Aug 1878</td> <td>14 Dec 1887</td> <td>14 Dec 1887 <i>16</i></td> </tr> <tr> <td>WIFE</td> <td></td> <td></td> </tr> <tr> <td>24 Oct 1876</td> <td>14 Dec 1887</td> <td>SEALED (Date & Temple) CHILDREN TO PARENTS</td> </tr> <tr> <td>11 Sep 1897</td> <td>22 June 1910</td> <td>BIC</td> </tr> <tr> <td>17 Aug 1901</td> <td>15 Apr 1913</td> <td>BIC</td> </tr> <tr> <td>17 Aug 1901</td> <td>18 Aug 1915</td> <td>BIC</td> </tr> <tr> <td>21 Aug 1904</td> <td>1 Mar 1916</td> <td>BIC</td> </tr> <tr> <td>child</td> <td>child</td> <td>BIC</td> </tr> <tr> <td>4 Aug 1907</td> <td></td> <td>BIC</td> </tr> <tr> <td>4 July 1909</td> <td>28 June 1922</td> <td>BIC</td> </tr> <tr> <td>child</td> <td>child</td> <td>BIC</td> </tr> <tr> <td>5 Feb 1916</td> <td></td> <td>BIC</td> </tr> <tr> <td>5 Oct 1918</td> <td></td> <td>BIC</td> </tr> </table>										BAPTIZED (DATE)	ENDOWED (DATE)	SEALED (Date & Temple)	HUSBAND			6 Aug 1878	14 Dec 1887	14 Dec 1887 <i>16</i>	WIFE			24 Oct 1876	14 Dec 1887	SEALED (Date & Temple) CHILDREN TO PARENTS	11 Sep 1897	22 June 1910	BIC	17 Aug 1901	15 Apr 1913	BIC	17 Aug 1901	18 Aug 1915	BIC	21 Aug 1904	1 Mar 1916	BIC	child	child	BIC	4 Aug 1907		BIC	4 July 1909	28 June 1922	BIC	child	child	BIC	5 Feb 1916		BIC	5 Oct 1918		BIC																																																																																																																																																																																																																																																																		
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F. D.										OTHER MARRIAGES #2 John md (2) 4 Sep 1953 JAMISON, Isabell #10 Blanche md (2) EVANS, David										NECESSARY EXPLANATIONS #10 Blanche unable to obtain dates of marriages and divorce									
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No. 1 on this chart is the same as no. _____ on chart no. _____



429 East 4th South Heber City, Utah 84032

4

Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)

Croup, UTI, Angina Pectoris

Was your illness or injury connected with your employment?
☐ Yes ☒ No

5

If any of your medical expenses will be or could be paid by another insurance organization or government agency (including FEHB), show below.

Name and address of organization or agency

Blue Cross

Policy or Identification Number

R03 671-228 102

Note: If you Do Not want information about this Medicare claim released to the above upon its request, check (X) the following block ☐

6

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instructions on reverse where patient is unable to sign)

Date signed

SIGN
HERE

Signature on file. Original attached.

11-04-77

PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14